



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

NBC Healthcare Center

**Respondent Name**

University Of Texas System

**MFDR Tracking Number**

M4-08-2035-01

**Carrier's Austin Representative**

Box Number 46

**MFDR Date Received**

November 19, 2007

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "CARF Accredited allowed 100% reimbursement."

January 24, 2011 – "In response to UT Systems providing a contract for National ChoiceCare, it is important to note this contract is between Dr. Al-Sahli personally and NCC. Please note address 7095 B Hwy. 6 North, Houston, TX 77095. This contract is not a contract between NBC Healthcare and NCC; therefore UT System does not have a contract between them. Dr. Al-Sahli never had a DBA under the name NBC Healthcare Center. NBC Healthcare Center is a corporation established in 2001. The contract between Dr. Al-Sahli and NCC was signed in 1997 and Dr. Al-Sahli never renewed this contract with NCC."

**Amount in Dispute:** \$3,201.36

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The facility is listed as part of the National ChoiceCare PPO. Therefore, the PPO reduction was applied for a final recommended payment of \$192.00."

January 20, 2011 – "National ChoiceCare contract with Dr. Al-Sahli DBA: NBC Health Care Center – pgs 1-15."

**Response Submitted by:** University of Texas System

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 24, 2007 – July 17, 2007	97550, 97545, 97546	\$3,201.36	\$1,809.35

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.202 sets out the reimbursement guidelines for medical services.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 45 – Charges exceed your contracted, legislated fee arrangement

- W4 – No additional reimbursement allowed after review of appeal/reconsideration
- B13 – Previously paid. Payment for this claim/service provided in a previous payment.

## Issues

1. Are the disputed services subject to a contractual agreement between the parties to this dispute?
2. Did the requestor support additional payment is due?
3. Is the requestor entitled to reimbursement?

## Findings

1. Review of the submitted documentation finds no information to support that the disputed services are subject to a contractual agreement between the parties to this dispute. As stated by the requestor, "it is important to note this contract is between Dr. Al-Sahli personally an NCC. Please note address 7095 B Hwy. 6 North, Houston, TX 77095. This contract is not a contract between NBC Healthcare and NCC; therefore UT System does not have a contract between them." The address on the contract is not the address of NBC Healthcare. The requestor's position is supported. The disputed services will be reviewed per applicable rules and fee guidelines.
2. The fees is dispute will be considered based on the following;
  - 28 Texas Administrative Code §134.202(e)(5)(C) "Work Hardening/Comprehensive Occupational Rehabilitation Programs (for commission purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening.) (i) The first two hours of each session shall be billed and reimbursed as one unit, using the "Work hardening/conditioning; initial 2 hours" CPT code with modifier "WH." Each additional hour shall be billed using the "Work hardening/conditioning; each additional hour" CPT code with modifier "WH." CARF accredited Programs shall add "CA" as a second modifier. (ii) Reimbursement shall be \$64.00 per hour. Units of less than 1 hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes"
  - 28 Texas Administrative Code §134.202(e) Payment policies relating to coding, billing, and reporting for commission – specific does, services, and programs are as follows: (4) states, "Functional Capacity Evaluations (FCEs). A maximum of three FCEs for each compensable injury shall be billed and reimbursed. FCEs shall be billed using the "Physical performance test or measurement..." CPT code with modifier "FC". FCEs shall be reimbursed in accordance with subsection (c)(1). Reimbursement shall be for up to a maximum of four hours for the initial test... a maximum of two hours for an interim test..."
  - 28 Texas Administrative Code §134.202(c) states, "To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%."

Date of Service	Submitted Code	Submitted Charge	Units	MAR	Amount Paid
May 24, 2007	97750 FC	\$557.60	16	$\$28.69 \times 125\% = \$35.86 \times 12$ (maximum of 12 units allowed) $= \$430.32$	\$418.20
June 18, 2007	97545 WH CA	\$128.00	1	$\$64 \times 2 = \$128.00$	\$96.00
June 18, 2007	97546 WH CA	\$256.00	4	$\$64 \times 4 = \$256.00$	\$192.00
June 19, 2007	97545 WH CA	\$128.00	1	$\$64 \times 2 = \$128.00$	\$96.00
June 19, 2007	97546 WH CA	\$256.00	4	$\$64 \times 4 = \$256.00$	\$192.00
June 20, 2007	97545 WH CA	\$128.00	1	$\$64 \times 2 = \$128.00$	\$96.00
June 20, 2007	97546 WH CA	\$256.00	4	$\$64 \times 4 = \$256.00$	\$192.00
June 21, 2007	97545 WH CA	\$128.00	1	$\$64 \times 2 = \$128.00$	\$96.00
June 21, 2007	97546 WH CA	\$256.00	4	$\$64 \times 4 = \$256.00$	\$192.00
June 22, 2007	97545 WH CA	\$128.00	1	$\$64 \times 2 = \$128.00$	\$96.00
June 22, 2007	97546 WH CA	\$256.00	4	$\$64 \times 4 = \$256.00$	\$192.00
June 25, 2007	97545 WH CA	\$128.00	1	$\$64 \times 2 = \$128.00$	\$96.00

June 25, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
June 26, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
June 26, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
June 27, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
June 27, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
June 28, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
June 28, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
June 29, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
June 29, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 2, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
July 2, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 3, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
July 3, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 5, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
July 5, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 6, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
July 6, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 9, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
July 9, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 10, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
July 10, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 11, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
July 11, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 12, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
July 12, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 13, 2007	97545 WH CA	\$128.00	1	\$64 x 2 = \$128.00	\$96.00
July 13, 2007	97546 WH CA	\$256.00	4	\$64 x 4 = \$256.00	\$192.00
July 17, 2007	97750 FC	\$608.00	16	\$35.86 x 8 (maximum allowed units per rule) = \$286.88	\$313.65
	Totals	\$8,461.50		\$8,013.20	\$6,203.85

3. The maximum allowable reimbursement is \$8, 013.20. The amount previously paid by the carrier is \$6,203.85. The remaining balance of \$1,809.35 is due to the requestor.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,809.35.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,809.35 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

October 30, 2014  
\_\_\_\_\_  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**